

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 12/12/2013  
 FORM APPROVAL  
 OMB NO. 0938-03

454 01/25/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445136	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED  12/09/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-MASTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the Fire Alarm system.</p> <p>The findings included:</p> <p>On 12/9/13 at 2:40 PM, observation within the ceiling area of the main hall revealed an overloaded junction box with too many electrical wires.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit on 12/9/13.</p>	K 052	<p><u>K-052 NFPA 101 Life Safety Code Standard</u> (This will be completed by 1/10/14) There are too many wires within a junction box. The junction box will be upgraded to a larger junction box that will accommodate the number of wires within that enclosure.</p>	1/10/14	
K 067 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067	<p><u>K-067 NFPA 101 Life Safety Code Standards</u> (Corrected on 12/10/13) The Exhaust fan for the men's and women's locker room was not working. Fan motor had failed in between monthly inspections. Maintenance has replaced the fan motor on 12/10/13. Maintenance will continue to conduct monthly exhaust fan checks. Extra motors and fan belts are on site to repair exhaust system failures.</p>	1/1/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sylvia J. Bustin

TITLE

Executive Dir

(X6) DATE

12/31/13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445136	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  12/09/2013
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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION-MASTERS

STREET ADDRESS, CITY, STATE, ZIP CODE

278 DRY VALLEY RD  
ALGOOD, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 067	Continued From page 1  This STANDARD is not met as evidenced by: Based on testing and observation, it was determined the facility failed to maintain the Heating, Ventilation and the Air-conditioning system.  The finding included:  On 12/9/13 at 10:45 AM testing of the exhaust fan unit within the men's locker room revealed the unit was not working.  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 12/9/13. NFPA 101 LIFE SAFETY CODE STANDARD	K 067		
K 147 SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain electrical equipment.  On 12/9/13 at 2:20 PM observation within the ceiling area above 'G'-Hall fire doors revealed two junction boxes without any cover plates.  This finding was acknowledged, corrected and verified by the Maintenance Director during the exit interview on 12/9/13.	K 147	<u>K-147 NFPA 101 Life Safety Code Standards</u> (Corrected on 12/9/13) There were two junction boxes that did not have covers on them. This was corrected by maintenance before the inspector finished his inspection. Maintenance has extra cover for junction boxes on site in the event of finding junction boxes with missing covers.	12/31/13

*Sylvia J. Bustin*

12/31/13